

CLASS C REINSTATEMENT FORM

220402
220403

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 11-19-2009

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 6657
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

Docket#

2009-277-T
1998-457-T

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T.T.W.W.W

My certificate was revoked/cancelled on 10-23-2009 because of _____

(DATE)

Annual Report Compliance not done in on time.

I am seeking reinstatement because

I would like to continue
operating a taxiJoseph LEE Cooper
(Name of Company)

DBA _____

(if applicable)

448 East Siesta Drive
(Street Address)

(Mailing Address if different from Street Address)

Florida, SC. 29505
(City, State, Zip Code)Joseph L. Cooper
(Signature)843-230-2934
(Telephone Number)

COPY

Owner

(Title)

Posted: 11-23-09deBy: CCNDate: 11-23-09Time: 11:21am

ORS Revised 9-12-08

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
AND OFFICE OF REGULATORY STAFF
TRANSPORTATION CARRIERS ANNUAL REPORT
(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

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OFF
T.T.W.W.W

CARRIER NAME Joseph LEE Cooper
STREET ADDRESS 448 East Siesta Drive
CITY, STATE, ZIP CODE Florence, SC 29505
MAILING ADDRESS SAME
CITY, STATE, ZIP CODE _____
TELEPHONE NUMBER (AREA CODE) 843-230-2924
FEDERAL IDENTIFICATION NUMBER _____

Operating Revenues:

1. Total Revenues \$ _____

Operating Expenses:

2. Salaries and Wages \$ 6000 (Money paid to employees)

3. Rent \$ 0 (vehicles, office)

4. Other \$ 5000 (expenses that are not included in the other categories)

5. Total Expenses \$ 11000

6. Net Operating Income (Loss) \$ 800 (line #1 minus line #5)

7. Insurance Co. Name/Policy No. Stratford INS CO - BAP0723518
No. of Vehicles Insured: 3

8. Decal Fees Paid YES () No ☒ No. of Vehicles 2
(through June of Current Year)

Affidavit

State of South Carolina

County of Florence

I, Joseph Lee Cooper of the

Joseph Lee Cooper Company
hereby certify that the foregoing Annual Report was prepared by me or under my
supervision, that I have examined it, and that the items herein reported on the basis
of my knowledge are correctly shown.

Joseph L Cooper
11-19-2009

Signature

Date

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Taxi
Certificate

Joseph Lee Cooper

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T.T.W.W.W

(Please type or print)

Submitted by: Joseph Cooper

Telephone: 843-230-2934

Address: 448 East Siesta Drive

Fax:

Florence, SC 29505

Other:

Email:

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2009-277-T
1998 - 457 - T

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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NOV 20 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form